

CIGNA Choice FundSM Health Savings Account **DEPOSIT SLIP**

HSA NUMBER:

3	9	7									
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To obtain your account number, go to myCIGNA.com.

HSA MEMBER NAME:

Year in which contribution should be applied: _____

If you do not choose a year, it will be applied to the current tax year. Prior year contributions must be postmarked between January 1 and April 15.

For additional deposit slips, please call Member Services at the toll-free number on your Cigna Member ID card.

M-77245 10/05

[PO Box 21305]

DOLLAR AMOUNT ENCLOSED:

\$.		
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Make check payable to CIGNA Choice Fund HSA.

Mail your check and deposit slip using the mailing address provided at right. Do not send address changes or correspondence with your deposit.

Deposits may not be available for immediate withdrawal. All items for deposit are subject to verification and account agreements and disclosures.



A Business of Caring.

CIGNA HEALTH SAVINGS ACCOUNT
PROCESSING CENTER
21305 NETWORK PLACE
CHICAGO, IL 60673-1213

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